

CITY OF FLOWOOD BUILDING APPLICATION

UTILITY INSPECTION

2101 AIRPORT RD / P. O. BOX 320069, FLOWOOD, MS 39232

PHONE # 601-939-4279

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ SUBDIVISION: _____

APARTMENT COMPLEX: _____ APT. NUMBER # _____

DATE OF INSPECTION: _____ TIME OF INSPECTION: _____

(Facility will need to be open or someone will need to be there so inspector can get in)

PLEASE CHECK ONE:

ENTERGY _____ SOUTHERN PINE _____ CENTRAL ELECTRIC _____

ELECTRIC ACCT# _____ **PASSED** _____ **FAILED** _____

GAS
ATMOS _____ **CENTERPOINT** _____ **SPIRE** _____ **PASSED** _____ **FAILED** _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY:

_____ **RESIDENTIAL/APT. (\$25.00)**

_____ **RETURN TRIP (\$50.00)**

_____ **COMMERCIAL (\$50.00)**

_____ **RETURN TRIP (\$100.00)**

DATE: _____ **RECEIVED: \$** _____

CHECK: # _____ **CASH:** _____

BY: _____

NOTES / COMMENTS:

